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ABSTRACT

This report presents an evaluation of the Intensive Services Project in Lincoln and McCook, Nebraska, which was designed to demonstrate that caseworkers with smaller child protective caseloads could offer more effective home-based services. The background of the project is described focusing on staffing and service setting. Service principles and goals are outlined and the case referral and acceptance process is detailed. The evaluation design, objectives, data collection, and methodology are discussed. The section on findings provides information on particpant family characteristics and problem levels, and service provision and case outcomes. Outcome-related factors and follow-up results are highlighted. Conclusions are offered in terms of the original goals of the project as well as overall project effectiveness. The appendix includes the data collection instruments. (JAC)

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EVALUATION OF NEBRASKA'S INTENSIVE SERVICES PROJECT

Lincoln and McCook, Nebraska

March 1983 - February 1984

March 27, 1984

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1. Introduction

This report presents an evaluation of the Intensive Services Project placed in operation in Lincoln and McCook, Nebraska, in early 1983.

Background

The Intensive Services Project was intended to demonstrate that highly motivated workers, assigned smaller child protective caseloads than usual and provided with adequate resources, could offer services, with an emphasis on family-based, in-home services, that would prove more effective than the traditional service delivery approach. The project was designed to serve families newly referred to Child Protective Services with children who had a high risk of being placed outside the home in foster care.

An intensive services unit (ISU), comprised of three caseworkers and a supervisor, was established in the Lancaster County welfare department, serving a predominantly urban population in Lincoln. Another intensive services caseworker was stationed in McCook to work with the CPS unit there, serving a predominantly small-town and rural population. Both units were staffed up and operational by mid-March 1983.

As originally designed*, the project was based on the following service principles:

- Services are as complete, comprehensive, and intense as is necessary to effect problem resolution and to strengthen and maintain the family. Staff is available 24 hours a day, seven days a week, often serving as a kind of extended family.
- The service setting is primarily the home, but includes problem-solving efforts in the family's ecological system (i.e., where family interfaces with community systems).
- The parents remain in charge, and the family is the service unit. The family is recognized as the primary care provider, health center, source of nurture, and educator.

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*Memorandum from Gary Smith, Community Services Administrator, to Jerry Lemonds, Administrator, Lancaster County Division of Public Welfare, December 2, 1982.

- There is a maximum utilization of family resources, extended family and community.
- Services are provided to help with any problem presented by the family or observed by the service team. If the home-based, family-centered team does not have the expertise or resources needed, it arranges for or creates them.
- The focus may be developmental and/or remedial; and services extended may be under social, health or educational agency auspices; yet the needed service components are made available.

Primary services available through project staff were to include:

- 24-hour crisis intervention and counseling
- service program planning
- coaching and counseling aimed at conflict resolution, increasing self-esteem, effective communication, assertiveness, mobilizing and developing one's own resources, developing support systems, dealing with depression and anxiety, and problem-solving
- homemaker services aimed at supporting and improving parental functioning and home management skills
- parenting education and training in child development, communication and discipline
- coordination of resources/services.

As opposed to the usual CPS caseload of 15 to 20 families per worker, just 5 to 8 cases at a time were to be assigned to project caseworkers. Project staff were to deliver primarily in-home services within the framework of a written family agreement specifying goals, responsibilities and timeframes. As necessary, the caseworker was to be teamed with a homemaker, through a purchase-of-service contract; and the ISU also had access to a consulting therapist to assist in diagnosing, serving and evaluating the needs of project families. Caseworkers themselves were to function both in a therapeutic role, as a counselor, and in a coordinative role, as a case manager.

Rather rigorous goals were set out for the ISU to achieve; and these were to...

- serve a total of 35 to 40 high-risk families during the first 12 months
- prevent out-of-home placement in 75 percent of these families

- meet case goals and close 60 percent of the cases within six months of receiving the family referral
- be cost-effective by achieving these goals at an average cost of $4,000 per family and/or by preventing 25 children from being placed in long-term substitute care (i.e., for 18 months or longer)

Case Referral and Acceptance Process

The single project worker in McCook was perceived as simply an addition to the ongoing CPS operation there. He had very little latitude regarding case assignment which resulted, in part, from the small number of CPS families being served in McCook at any time. The McCook project component had little opportunity to select "appropriate" cases; but, in Lincoln, a different story unfolded, due both to the ISU's identity as an independent unit and to the support it received from various administration-level agency officials.

The criteria used by the ISU to determine whether a case should be accepted or rejected were criticized early on by CPS supervisors. As of the end of June 1983, 12 of the 16 cases referred to the unit from CPS intake were accepted; but only 4 of the 10 cases referred from CPS ongoing service workers were likewise accepted. It was the contention of project staff at both sites that CPS was attempting to "dump" long-term chronic cases on the intensive services workers. These cases demanded a disproportionate amount of service and crisis intervention, with little likelihood of any quick resolution; and to the extent that they initially comprised the bulk of the project's caseload, case turnover was slowed down appreciably, during the first half-year or so.

The McCook worker, as a more or less integral member of the CPS team, never fully escaped from this conundrum; however, in Lincoln, the ISU finally succeeded in negotiating the following criteria for acceptance or non-acceptance of referred families:*

Acceptable

- The family has recently become involved in the Child Protective Service system; and
- risk of placement of children is immediate or imminent; and

*Memorandum from Judy Neujahr, ISU supervisor, to Judy Wong, CPS unit manager, August 4, 1983.

- the family has a home in which the ISU worker can work with the family; and
- the family is "multi-problem new or limited problem situational as opposed to multi-problem chronic, emergency or transient"; and
- given the choice between protective services and intensive services, the family is willing to accept intensive services. (This does not mean that involuntary or court-involved cases are excluded.)

Not Acceptable

- Sexual abuse is identified as a problem; or
- chronic psychosis which has not responded to treatment is present; or
- there are psychopathic or sociopathic family members; or
- there has been chronic substance abuse in which a client did not respond to treatment in past and refuses treatment; or
- parents have killed or maimed a previous child, and their situation has not changed; or
- parents have had rights terminated on a previous child, and their deficiencies are characterological (will not respond to treatment); or
- the parents are retarded, cannot take care of self, and refuse services.

In emphasizing these criteria, ISU staff maintained that the project's objective was to prevent foster care placement by effectuating short-term gains in family functioning and problem reduction. They were not simply in the business of monitoring safety of children or of providing maintenance services to troubled families. Thus, case selection was to be made jointly by the supervisors of the CPS intake and ongoing service units in conjunction with the ISU supervisor; and in this process, it would be determined if the families referred for intensive services were actually those which would presumably benefit from the originally designed approach.

Worker morale apparently remained high in the Lincoln ISU throughout most of the project's first year; unfortunately, the single McCook worker resigned his position in late 1983.

Evaluation Design

The evaluation design, in keeping with the project's implied overall emphasis, focused primarily on the Lincoln ISU. Nevertheless, comparable data were collected at both sites, in order to examine the project's impact and effectiveness.

The evaluation objectives were fourfold:

- to document the processes by which families with at-risk children were served by the project
- to document the service outcomes of these families
- to provide data for an analysis of the project's cost effectiveness
- to assess the utility of the case recording forms developed for the project by the National Resource Center on Family Based Services.

The evaluation has proceeded in four stages. The first phase consisted of a review of relevant project materials and memoranda, as well as the designing and testing of appropriate data collection instruments. The second phase comprised a two-day site visit to the ISU, on August 17-18, 1983. The tasks undertaken during the visit included a review of data collection procedures and of the raw data contained in 18 case files, as well as a series of personal interviews with the ISU staff and their state liaison, and a telephone interview with the McCook caseworker. The third phase which took place from September 1983 through January 1984, consisted of the ongoing monitoring of case data collected by the caseworkers. The final phase involved data analysis and the writing of this report.

In order to obtain accurate information leading to a valid evaluation, it was necessary to capture certain common data on each at-risk family served by the project. For each family, data were collected according to the following schedule:

(1) upon referral to and acceptance by the project
(2) monthly, as long as the family remained in the project
(3) upon case closing or transfer, when the family exited the project
(4) three months after the family exited the project.

Data collected pursuant to (1) above were found in the baseline forms developed by the project; to (2) above, in the monthly review forms; to (3) above, in the outcome forms; and to (4) above, in the follow-up forms. These forms and the instructions for their use are contained in the Appendix to this report. In general, the forms provided information about the following subjects, which are analyzed in the next chapter of the report:

- the demographic and other characteristics of the at-risk families served by the project (baseline data)
- the kinds of problems these families have, in the judgment of the project staff (baseline and outcome data)

- the types and amounts of services provided to these families during their involvement in the project (monthly data)
- the number of children, if any, from these at-risk families who enter substitute care immediately prior to referral, during the course of the project, and up to three months after exiting the project (baseline, monthly, outcome, and follow-up data)
- the level of family functioning at entry to and exit from the project, in the judgment of the staff (baseline and outcome data), and three months after exit, in the judgment of the family members (follow-up data)

The ISU served 34 cases in all during its first year, and the McCook worker, nine before he resigned. However, because of data collection limitations, the findings presented in the next chapter are based on 37 families served: all 28 cases accepted by the ISU between March 1 and December 1, 1983; and all 9 cases served by the McCook worker between March 1 and September 30, 1983. The collection of monthly, outcome and follow-up data for the ISU's 28 cases extended through February, 1984; but the coverage of all McCook data stops somewhat earlier, as of November, 1983, when the caseworker there resigned.

Chart A below graphically presents these different data collection timeframes. Between March and December of 1983, the two project sites together accepted 37 families for intensive services. Of these cases, 21 had either been closed or been transferred to another jurisdiction or unit at the conclusion of data collection at each site; and the other 16 were still active. Of the closed or transferred cases, follow-up interviews were completed with 11, all from Lincoln. Although monthly data was to be submitted throughout the entire period each case was active, this did not always occur. Over all, we received adequate information covering 94 of the 104 cumulative months during which the eventually closed cases had remained active; and for 54 of the 70 case-months of service received by the families that had not exited by the time data collection was complete.

Before presenting the evaluation's findings, two methodological qualifications should be made. Because of the small number of cases involved, the Intensive Services Project's experiences and effects may not be strictly generalizable to other locales or service populations. Moreover, most comparisons between the performance of the Lincoln and McCook workers would be of questionable validity either because of the different timeframes represented by the two

data sets or because of the different ways in which workers at the two sites functioned.

Chart A.
Case Status and Data Collection Timeframes

Case Status	Total	Lincoln	McCook
Accepted Baseline data collected	37 Cases for all 37 cases	28 Cases thru 12/1/83 for all 28 cases	9 Cases thru 9/30/83 for all 9 cases
Closed, Transferred Monthly data collected	21 Cases for 94 of 104 case-months of service	16 Cases thru 1/31/84 for 78 of 82 case-months of service	5 Cases thru 10/31/83 for 16 of 22 case-months of service
Outcome data collected	for all 21 cases	for all 16 cases	for all 5 cases
Follow-up data collected	for 11 cases	for 11 cases	for 0 cases
Still Active Monthly data collected	16 Cases for 54 of 70 case-months of service	12 Cases as of 1/31/84 for 51 of 63 case-months of service	4 Cases as of 10/31/83 for 3 of 7 case-months of service

2. Findings

Evaluation findings are presented below in five sections. First, we look at the referral sources, prior service histories and characteristics of the 37 project families. Then, we examine their initial social and family problem profiles and the amount and types of services provided. This is followed by an investigation of case outcomes, including whether or not case goals were met or any children placed in substitute care. Then, we look at some of the factors that seem to be related, tentatively, to these outcomes; and finally, we review the results of the follow-up survey of 11 families.

Family Characteristics

In Table 1, the referral and prior service histories of families assisted by the project can be seen. Table 1a, at the top, shows that about a fifth each of all the 37 families served were referred by the police (19%), a doctor or hospital (22%), or by a 3rd party individual (22%). A tenth of the families were self-referred; and the remaining fourth (27%) were sent by other sources like schools, courts and social service agencies. The referral patterns of Lincoln and McCook families were quite different -- looking at the raw numbers presented for the two sites -- with 14 of the 28 Lincoln families but only one of the McCook families having been sent by the police, doctors or hospitals.

Turning to the families' previous receipt of social services (Table 1b), we find that two-fifths (43%) had never received any of the delineated services before being referred to the project; and this situation was much more prevalent among the Lincoln cases. Another two-fifths of the families had had a child placed at least once in foster care, residential treatment, or adoption; and almost the same number had received child protective services in the past. Among the 21 project families that had received at least one of the delineated services before referral, 74 different types of service receipt were mentioned, for an average of 3.5 services per family.

At the time of referral, only 14 percent of the families were requesting that one or more of their children be placed in substitute care (based on the 35 families in Table 1c for which this item of information was available). Counting both formal substitute care placements as well as less formal arrangements in which a child has been removed to the home of a family friend or relative, 58 percent of the project families had had a child separated from them

Table 1

Referral Source and Prior Service History of Families Accepted for Intensive Services

	Total (%)	Lincoln (n)	McCook (n)
a. Referral Source			
Police	19%	7	0
Doctor, hospital	22	7	1
3rd party individual	22	5	3
Self	10	4	0
Other	27	5	5
	100%	28	9
	(37)		
b. Services Ever Previously Received by Family			
None	43%	14	2
Foster care, residential treatment, adoption	43%	15	1
Child protective services	39%	13	1
Family services	24%	9	0
Mental health, therapy	30%	8	3
Hospital, public health	27%	8	2
Homemaker	16%	6	0
Day care	16%	6	0
Other	13%	2	3
	(37)	(28)	(9)
c. At Referral, Were Parents Requesting Child Placement?			
Yes	14%	4	1
No	86	23	7
	100%	27	8
	(35)		
d. # Incidents of Child Separation Prior to Referral			
0	42%	13	2
1	28	6	4
2	14	4	1
3+	17	4	2
	101%	27	9
	(36)		

Note: Percentage bases exclude "no answers" and "inapplicables." Percentages may not sum to 100% due to rounding errors. More than one response per family is possible in Table b.

at least once prior to referral (Table 1d); and just over half of this group had experienced multiple incidents of separation.

In Table 2, the composition of project families is pictured. About two-fifths of the families consisted of a married couple and their child(ren); but a sixth were headed by a mother living with a paramour (Table 2a). All this latter group were from Lincoln. The remaining families (43%) were single-parent, all female-headed. Six of seven families served by the project were white, including all those from McCook (Table 2b); and the families tended to be large, with a third having at least five members, including three or more children (Tables 2c and d).

A third of the families reported children residing at least temporarily outside the home at the time their case was accepted; and this arrangement predominated among the McCook families. (See Table 2e.) Lincoln children living away from home were almost all in foster care; McCook children, at a friend's or relative's. However, the project did not target all the children in each family as part of the service case. Some children who were not considered to be "clients" of the project were already in long-term placement or in the custody of a divorced parent or other relative. All told, the number of children considered project clients amounted to 75 of the total 86 in the families served; and 50 were in Lincoln and 25 in McCook. Thus, the average number of children per case served by the Lincoln ISU was 1.8 (i.e., 50 children ÷ 28 cases); and by the McCook worker, 2.8 (25 children ÷ 9 cases).

At the time of case acceptance, four Lincoln and four McCook families, or eight cases in all, had children already placed outside the home who were slated for service; and the case goal was to reunify them with their families.

In Table 3, the income and educational characteristics of project families are shown. By and large, the families functioned at or below the poverty level. Only a tenth had annual incomes in excess of $10,000 (Table 3a); and two-thirds, all from Lincoln, received public assistance in the form of Aid to Dependent Children, food stamps and Medicaid. Two families in five had at least some earnings derived from employment (Table 3b). (Although occupational data were spotty, apparently at least 10 of the mothers and 12 of the 21 men with whom they were living had some recent job experience; but for 14 of these 22 individuals, the job was classified as unskilled labor.) The men demonstrated slightly higher levels of educational attainment than the women (Tables 3c and d); a quarter of the men reported postsecondary training of some kind.

Table 2

Composition of Families Accepted for Intensive Services

	Total (%)	Lincoln (n)	McCook (n)
a. Family Type			
Intact	41%	9	6
Single-parent	43	13	3
Paramours	16	6	0
	100%	28	9
	(37)		
b. Race			
White	86%	23	9
Black	8	3	0
Hispanic, Indian	5	2	0
	99%	28	9
	(37)		
c. Family Size			
2	14%	5	0
3	22	6	2
4	32	10	2
5	16	5	1
6-9	16	2	4
	100%	28	9
	(37)		
d. # Children in Family			
1	24%	8	1
2	46	13	4
3	11	4	0
4-7	19	3	4
	100%	28	9
	(37)		
e. Children's Residence, at Referral			
All at home	64%	19	4
None in foster care, but any at relative's or friend's	14	1	4
Any in foster care	22	7	1
	100%	27	9
	(36)		

Note: Percentage bases exclude "no answers" and "inapplicable." Percentages may not sum to 100% due to rounding errors.

Table 3

Income and Educational Characteristics of Families Accepted for Intensive Services

	Total (%)	Lincoln (n)	McCook (n)
a. Annual Family Income			
up to $4,999	27%	8	2
$5,000-$9,999	62	19	4
$10,000 or more	11	1	3
	100%	28	9
	(37)		
b. Family's Income Sources			
Welfare, food stamps, medicaid	66%	23	0
Employment	43%	9	6
Supplemental security income	11%	4	0
Social security	9%	2	1
Child support	6%	2	0
Other	17%	5	1
	(35)	(27)	(8)
c. Mother's Education			
Less than high school graduate	32%	8	3
High school graduate	56	15	4
At least some college	12	3	1
	100%	26	8
	(34)		
d. Father's/Paramour's Education			
Less than high school graduate	16%	2	1
High school graduate	58	8	3
At least some college	26	4	1
	100%	14	5
	(19)		

Note: Percentage bases exclude "no answers" and "inapplicables." Percentages may not sum to 100% due to rounding errors. More than one response per family is possible in Table b.

Problem Levels and Service Provision

After case acceptance, each family was rated by the assigned caseworker along a number of problem dimensions. These ratings took two forms. For six potential social problems as well as seven measures each of potential parental and childhood dysfunction, the caseworker indicated whether there was no problem or a slight, moderate or serious problem. For another 11 items describing interpersonal skills and family relations, the caseworker indicated the extent to which he or she agreed or disagreed that the family's behavior was adequate.

In Table 4, individual problem area profiles at the time of case acceptance are presented for the social, parental and children's measures. The top line for each item presents a percentage distribution of all project families served; the next two lines give the raw numbers of Lincoln and McCook families that fell within each level of severity. (Where there was not enough information available for the caseworker to judge a family on the given item, the family is excluded from that distribution.)

Of the social problems confronting families at the time their case was accepted for service, the most frequently indicated were found in the income area, as might be anticipated from their poverty-level existence. Some 75 percent of the families had such a problem; and, for 17 percent, it was judged as serious (Table 4a). A fifth to a fourth of the families faced serious medical/dental and housing problems (Tables 4c and d). Of the parents' problems, the most frequently indicated concerned neglect of their children, followed by social isolation, mental health, and child abuse. (See Tables 4j, l, h, and i.) Potential children's problems were much less frequently realized. The one area most apt to be indicated concerned behavioral dysfunction (Table 4r) like acting out or running away from home. Except for school performance (Table 4o) and a few families with children having school attendance problems, none of the other areas appeared to present many difficulties.

Table 5 depicts the results of the caseworkers' ratings of the adequacy of family functioning at the time of case acceptance. The presentation of data is similar to that in Table 4, and "no opinions" are excluded again from the distributions. The two worst individual areas of the 11 rated concerned child discipline and marital relations (Tables 5d and f), which were both deemed very inadequate in at least two-fifths of the families served. Just as many families exhibited some inadequacy regarding interpersonal communication and realistic expectations of children, but extreme dysfunction

Table 4

Individual Problem Areas of Families
Accepted for Intensive Services

	Not a Problem	Slight Problem	Moderate Problem	Serious Problem	Total
SOCIAL					
a. Income					
Total (%)	25	31	28	17	101%
Lincoln (n)	7	6	10	4	27
McCook (n)	2	5	0	2	9
b. Clothing					
Total (%)	61	19	11	8	99%
Lincoln (n)	15	7	3	2	27
McCook (n)	7	0	1	1	9
c. Housing					
Total (%)	58	17	3	22	100%
Lincoln (n)	15	4	1	7	27
McCook (n)	6	2	0	1	9
d. Medical/Dental					
Total (%)	45	23	6	26	100%
Lincoln (n)	12	7	2	7	28
McCook (n)	2	0	0	1	3
e. Nutrition					
Total (%)	62	13	13	13	101%
Lincoln (n)	16	4	3	4	27
McCook (n)	4	0	1	0	5
f. Transportation					
Total (%)	53	19	14	14	100%
Lincoln (n)	13	6	4	4	27
McCook (n)	6	1	1	1	9
PARENTAL					
g. Job/Training					
Total (%)	38	22	19	22	101%
Lincoln (n)	8	5	6	5	24
McCook (n)	4	2	0	2	8
h. Mental Health					
Total (%)	36	21	18	25	100%
Lincoln (n)	9	3	4	7	23
McCook (n)	1	3	1	0	5

Table 4 (cont.)

	Not a Problem	Slight Problem	Moderate Problem	Serious Problem	Total
i. Abuse Child					
Total (%)	40	17	27	17	101%
Lincoln (n)	11	2	7	5	25
McCook (n)	1	3	1	0	5
j. Neglect Child					
Total (%)	19	9	28	44	100%
Lincoln (n)	4	2	8	13	27
McCook (n)	2	1	1	1	5
k. Substance Abuse					
Total (%)	72	8	8	12	100%
Lincoln (n)	14	2	2	2	20
McCook (n)	4	0	0	1	5
l. Social Isolation					
Total (%)	36	21	18	25	100%
Lincoln (n)	10	5	3	7	25
McCook (n)	0	1	2	0	3
m. Law Violation					
Total (%)	77	10	10	3	100%
Lincoln (n)	15	3	3	1	22
McCook (n)	8	0	0	0	8
CHILDHOOD					
n. School Attendance					
Total (%)	79	6	0	15	100%
Lincoln (n)	22	2	0	3	27
McCook (n)	4	0	0	2	6
o. School Performance					
Total (%)	59	9	15	18	101%
Lincoln (n)	17	3	3	4	27
McCook (n)	3	0	2	2	7
p. Job/Training					
Total (%)	95	0	5	0	100%
Lincoln (n)	28	0	0	0	28
McCook (n)	7	0	2	0	9
q. Mental Health					
Total (%)	90	7	0	3	100%
Lincoln (n)	21	2	0	1	24
McCook	5	0	0	0	5

Table 4 (cont.)

	Not a Problem	Slight Problem	Moderate Problem	Serious Problem	Total
r. Behavior					
Total (%)	45	18	12	24	99%
Lincoln (n)	12	3	4	7	26
McCook (n)	3	3	0	1	7
s. Substance Abuse					
Total (%)	97	3	0	0	100%
Lincoln (n)	27	0	0	0	27
McCook (n)	5	1	0	0	6
t. Mental Retardation					
Total (%)	71	10	6	13	100%
Lincoln (n)	14	3	2	3	22
McCook (n)	8	0	0	1	9

Note: Percentage bases exclude "unknowns" and "inapplicables." Percentages may not sum to 100% due to rounding errors.

occurred among fewer of them in the judgment of project workers (Tables 5h and j).

Because problems tend to be interconnected and because an underlying cause of dysfunction may reveal itself in any of several areas, we constructed four broader-gauge measures to use in examining the families. This was accomplished by combining the six social problem ratings into one composite score and doing the same for the seven ratings of parents' and childrens' problems. The rating for each item included in the composite score was assigned a value accordingly:

Rating	Value
Not a problem	0
Slight problem	1
Moderate problem	2
Serious problem	3

Then, for each family, we added together its values for the six or seven items comprising a composite score, and divided this sum by the number of items for which we had a response. (If the severity of a given problem was "unknown" at the time of case acceptance, we searched the ratings on the forms for the next two months; and, if an indication of severity was subsequently recorded, that response was utilized in compiling the initial score.) This procedure produced separate social, parents' and children's average problem scores, each with a potential range of 0 to 3. These index scores can be interpreted, just like the individual items themselves, as ranging from no problem ("0") to a serious problem ("3").

A composite index of the 11 family functioning items was similarly constructed, according to the following scoring technique, which resulted in a measure that was compatible with the three others described above:

Ratings	Value
Very adequate	0
Adequate	0
Inadequate	2
Very inadequate	3

Where there was "no opinion" on the family's initial item rating, subsequent forms were examined, as with the previous measures. Item scores were added together and divided by the number of items scored, for each family, thereby producing an average family dysfunction index, ranging from 0 (no dysfunction) to 3 (serious dysfunction).

Table 5

Functional Adequacy of Families
Accepted for Intensive Services

	Very Adequate	Adequate	Inadequate	Very Inadequate	Total
a. Income Management					
Total (%)	4	21	36	39	100%
Lincoln (n)	1	5	9	11	26
McCook (n)	0	1	1	0	2
b. Home Management					
Total (%)	3	26	42	29	100%
Lincoln (n)	1	5	10	9	25
McCook (n)	0	3	3	0	6
c. Child Supervision					
Total (%)	3	28	44	25	100%
Lincoln (n)	1	7	8	8	24
McCook (n)	0	2	6	0	8
d. Disciplinary Techniques					
Total (%)	0	14	39	46	99%
Lincoln (n)	0	3	6	12	21
McCook (n)	0	1	5	1	7
e. Children's Nurturance					
Total (%)	0	42	32	26	100%
Lincoln (n)	0	10	8	7	25
McCook (n)	0	3	2	1	6
f. Marital Relations					
Total (%)	4	12	44	40	100%
Lincoln (n)	0	3	6	9	18
McCook (n)	1	0	5	1	7
g. Sibling Relations					
Total (%)	10	45	25	20	100%
Lincoln (n)	2	5	3	3	13
McCook (n)	0	4	2	1	7

Table 5 (cont.)

	Very Adequate	Adequate	Inadequate	Very Inadequate	Total
h. Family Communication					
Total (%)	0	6	65	29	100%
Lincoln (n)	0	1	16	6	23
McCook (n)	0	1	4	3	8
i. Community Support					
Total (%)	3	37	40	20	100%
Lincoln (n)	1	11	9	5	26
McCook (n)	0	0	3	1	4
j. Realistic Expectations					
Total (%)	0	15	52	33	100%
Lincoln (n)	0	4	10	8	22
McCook (n)	0	0	4	1	5
k. Children's Independence					
Total (%)	0	48	35	17	100%
Lincoln (n)	0	7	7	4	18
McCook (n)	0	4	1	0	5

Note: Percentage bases exclude "no opinions" and "inapplicables." Percentages may not sum to 100% due to rounding errors.

The distribution of composite problem scores is shown in Table 6. Even allowing for differences in caseworker judgment, it nevertheless seems reasonable, based on the case characteristic data reviewed in the preceding section, that social problems were substantially less severe for the McCook than for the Lincoln families. (See Table 6a.)

Over all, at the time families were referred to the project, the proportion judged to have moderate to serious parental problems (54%) was more than double that having similarly severe children's problems (24%). (See Tables 6b and c.) Client children received uniformly low problem scores in both Lincoln and McCook, but Lincoln parents were much more likely to be considered as having serious problems than their McCook counterparts. With regard to problems in family functioning, the Lincoln families were generally rated worse than their McCook counterparts; but, over all, three families in four apparently exhibited a moderate to serious degree of dysfunction. (See Table 6d.)

In order to effectuate the resolution of these problems and short-term gains in family functioning, project caseworkers, in conjunction with the homemakers and therapists, were to provide a substantial amount of time to each family in their reduced caseloads. The caseworkers filled out monthly timesheets, allocating the number of hours spent on each case weekly, according to the kind of contact involved. Compilation of these data over the period during which each family was served yields the figures presented in Table 7.

Over the entire time that a family was receiving project services, the caseworker would have spent an average of 1.9 hours per week with family members in the home; another 0.4 hours weekly with family members in the office or together at another site, like court or a social services agency; and 0.3 hours, in direct telephone contact. Besides this interaction, the caseworker would sometimes transport family members to appointments or on visits.

While virtually all project families were the recipients of the various kinds of caseworker services just described, not all received purchased services as well. Seventeen families were never provided homemaker services, but the 20 that were received an average of 3.8 hours weekly of that service. Eleven of the families assisted by the ISU also received other direct services, mainly from therapists, amounting to an average of 2.6 hours weekly. For all families served by the project for which data were available, these different kinds of purchased services averaged to just under three hours weekly of additional family contact. Thus, the typical family received a total of 5.6 hours weekly of direct services from the project.

Table 6

Composite Initial Problem Area Scores of Families Accepted for Intensive Services

	Score Range				
	Not a Problem 0.00-0.49	Slight Problem 0.50-0.99	Moderate Problem 1.00-1.49	Serious Problem 1.50+	Total
a. Social					
Total (%)	32	24	27	16	99%
Lincoln (n)	5	9	9	5	28
McCook (n)	7	0	1	1	9
b. Parental					
Total (%)	24	22	30	24	100%
Lincoln (n)	4	7	9	8	28
McCook (n)	5	1	2	1	9
c. Child(ren)					
Total (%)	57	19	16	8	100%
Lincoln (n)	16	5	5	2	28
McCook (n)	5	2	1	1	9
d. Family Functioning					
Total (%)	10	14	35	41	100%
Lincoln (n)	3	3	8	14	28
McCook (n)	1	2	5	1	9

Median Scores

	Social	Parental	Child(ren)	Family Functioning
Lincoln	0.91	1.14	0.29	1.55
McCook	0.20	0.43	0.29	1.09
Total	0.67	1.00	0.29	1.27

Note: See Table 4 for the individual items comprising the social, parental and children's problem area scores. See Table 5 for the individual items comprising the family functioning problem area score. "Unknown" and "no opinion" responses on baseline forms were replaced with definitive responses if they appeared on the forms for immediately subsequent months. Percentages may not sum to 100 because of rounding errors.

Caseworker time spent on the typical case averaged 2.6 hours weekly of direct contact, 0.7 hours of collateral contact, and 0.9 hours of paperwork, staff consultation and transportation, or 4.2 hours weekly in total. Assuming an average caseload of six or seven families, this would account for 25 to 30 hours of the caseworker's week directly involved in case-related matters. The remaining time would be divided presumably among various administrative functions and time off for sick leave, holidays and vacations.

Case Outcomes

In analyzing case dynamics and outcomes, it is important to remember the data collection timeframes exhibited in Chart A. Because data collection stopped at specific times in both Lincoln and McCook, cases accepted earlier in the project year have a greater chance of appearing as subsequently "closed" in our data base than do cases accepted towards the end of the period. Conversely, this latter group of cases have a greater chance of appearing as still active in our data base. This is sometimes called a "ceiling effect."

Closed cases have been classified into two groups: those transferred or closed after goals had been met and those transferred or closed without goals having been met. The final status of these cases, for the Lincoln and Mc Cook sites, is seen in Table 8a, along with an indication of the ceiling effect on the more recently accepted Lincoln cases, only one of which was "closed."

At the conclusion of data collection, 21 cases could be definitely classified as closed. Of these, 12 were closed because case goals had been met; but 9 exited before this could be achieved. Most of the cases closed by the ISU had had their goals met; the converse was true in McCook. However, the ISU managed to satisfactorily close only 36 percent (10 of 28) of all the cases it accepted during its first ten months of operation. Even if we reduce the ceiling effect by only looking at the cases accepted prior to October 1983, the ISU's successful closing rate was improved only marginally, to 43 percent (9 of 21), still below the 60-percent goal that had been set out originally for the unit.

Case duration, the consecutive number of days in which a case remained active with the project, is a function both of its date of acceptance and its final disposition. On the average, project families received services over a 155-day period; and the ISU's

Table 7

Average Hours Weekly Per Case for
Families Receiving Intensive Services

	Total	Lincoln	McCook
a. Intensive Services Worker			
• Direct contact with family member(s):			
- at family's home	1.91	2.05	1.52
- at office or other site	0.41	0.43	0.33
- over telephone	0.25	0.25	NA
• Collateral contact with other individuals and agencies:			
- in person	0.22	0.23	0.21
- over telephone	0.52	0.53	0.48
• On other case-related matters:			
- transportation	0.29	0.39	0.02
- paperwork	0.46	0.34	0.79
- staff consultation/supervision	0.17	0.17	NA
b. Purchased Services			
• Direct contact with family member(s):			
- homemaker	2.05	2.01	2.16
- others	0.83	0.83	NA
c. Estimated Total Hours Weekly of Direct Service Received by Family Members	5.59	5.76	NA

Note: Data collected in Lincoln and McCook were not strictly comparable. Where McCook data were not available ("NA"), Lincoln figures were used in calculating totals. The estimated total hours weekly of direct service received by family member(s) is the sum of the three direct contact items under a. and the two items under b., plus one-half of the transportation item.

Table 8

Final Case Status at
Conclusion of Data Collection

a. Distribution of Families

Case Status	Total	Lincoln Accepted 3-9/83	Lincoln Accepted 10-12/83	Lincoln Total	McCook Accepted 3-9/83
Still active	16	6	6	12	4
Closed:					
Goals met	12	9	1	10	2
Goals not met	9	6	0	6	3
Total	37	21	7	28	9

b. Average Case Duration (Days)

Case Status	Total	Lincoln Accepted 3-9/83	Lincoln Accepted 10-12/83	Lincoln Total	McCook Accepted 3-9/83
Still active	150	218	82	150	148
Closed:					
Goals met	156	179	93	170	84
Goals not met	165	164	X	164	166
Total	155	186	84	160	140

average was 20 days greater than McCook's, 160 vs. 140 days. (See Table 8b.) Comparing only those cases accepted prior to October 1983, the average duration of unsatisfactorily closed cases in Lincoln and McCook was similar, about 165 days; but both the other closed cases (i.e., goals met) and the still active cases had received services over a much longer period in Lincoln. Several cases received services for more than 240 days; and most of these were the chronic, multi-problem families referred to the project during its early days.

Outcomes can be analyzed not only in terms of final case status, as we did immediately above, but also in terms of problem resolution. To accomplish this, we once again calculated composite problem area scores, this time based on the final caseworker ratings of each family, at case closing or at the conclusion of data collection, depending on whether the case was still active or not. The overall ratings are shown in Table 9. As at case acceptance, social problems were less severe for the McCook than the Lincoln families; and the children received uniformly low problem severity scores. Again, the proportion of families with moderate to serious parental problems (19%) was more than double that with similarly severe children's problems (8%); and the percentage exhibiting at least moderate family dysfunction was the greatest of all (40%).

However, a comparison of the final to initial problem scores (Table 9 vs. Table 6) is instructive. Remembering that Lincoln cases had received services for an average of 160 days and McCook cases for 140 days, it seems clear that rather substantial gains had been effectuated by the ISU but not, apparently, by the McCook worker:

	Median Problem Area Scores			
	Lincoln (n=28)		McCook (n=9)	
	Initial	Final	Initial	Final
Social	0.91	0.58	0.20	0.20
Parental	1.14	0.43	0.43	0.57
Child(ren)	0.29	0.14	0.29	0.43
Family Functioning	1.55	0.55	1.09	1.45

The severity of problems confronting Lincoln families appears to have dropped by half during the period they received intensive services; but most of the problems facing the McCook families actually seem to have worsened.

Comparing the initial to final placement of client children is also instructive. A fifth of the project's families (8 of 37)

Table 9

Composite Final Problem Area Scores of Families Receiving Intensive Services

	Score Range				
	Not a Problem	Slight Problem	Moderate Problem	Serious Problem	
a. Environmental	0.00-0.49	0.50-0.99	1.00-1.49	1.50+	Total
Total (%)	51	24	22	3	100%
Lincoln (n)	13	7	7	1	28
McCook (n)	6	2	1	0	9
b. Parental					
Total (%)	54	27	11	8	100%
Lincoln (n)	16	8	3	1	28
McCook (n)	4	2	1	2	9
c. Child(ren)					
Total (%)	81	11	8	0	100%
Lincoln (n)	24	3	1	0	28
McCook (n)	6	1	2	0	9
d. Family Functioning					
Total (%)	32	27	24	16	99%
Lincoln (n)	11	7	6	4	28
McCook (n)	1	3	3	2	9

Median Scores

	Social	Parental	Child(ren)	Family Functioning
Lincoln	0.58	0.43	0.14	0.55
McCook	0.20	0.57	0.43	1.45
Total	0.33	0.43	0.14	0.91

Note: See Table 4 for the individual items comprising the social, parental and children's problem area scores. See Table 5 for the individual items comprising the family functioning problem area score. "Unknown" and "no opinion" responses on final monthly or outcome forms were replaced with definitive responses if they appeared on the forms for immediately preceding months. Percentages may not sum to 100% because of rounding errors.

already had children targeted for service residing outside the home at the time their case was accepted; and the case goal was family reunification. Of these 8 cases, half were closed by the end of the year, but only in two of these four had the reunification goal been met. (See the top half of Table 10a.) One of the four still active cases with a reunification goal had also been reunited; but evidently, by the conclusion of data collection, the family had not yet been brought to a state where the case could be closed. (See the bottom half of Table 10a.) All three reunified families were served by the ISU.

The eight families with a reunification goal accounted for a total of 11 project children who were in placement for any period while the case was active with the project. The project workers themselves placed another six children outside the home after their three families had already begun receiving placement prevention services. In one of these families, the child was returned subsequently to the home; and then the case was closed because its goals had been met. Thus project staff initiated only five placements that could have turned out to be long-term, among the 75 children they served, for a placement rate of 7 percent. Four of these five children were in one Lincoln family; the other came from a McCook home.

Over all, of course, 17 of the 75 children served were in placement sometime while their family's case was active; and ten of these were among the 50 ISU client children. (See Table 10b.) To estimate the project's placement prevention rate, we can take the last known status of all families served by the project as their "final" placement status; or we can look at the placement situation only among closed cases. From either perspective, the project's rate of preventing long-term placement of children was 81 percent of families served. (See Table 11a.)

If we similarly look at the final status of all targeted children and of those children in closed cases, we derive placement prevention rates of more than the 75-percent goal. The differences between the Lincoln and McCook sites are nominal (Table 11b).

Outcome-related Factors

The findings presented below are tentative because of the small number of cases covered by this evaluation. By combining the data from Lincoln and McCook, we were able to define variable categories with large enough cell sizes to calculate differential case closing

Table 10

Placement Status of Children Targeted
to Receive Intensive Services

a. Families, by Initial and Final Child Placement Status

Final Placement Status	Initial Placement Status: All in Home	Any at Friends or Relatives	Any in Foster Care	Total
• Closed Cases				
-All in home	12L 3M		2L	17
-Any at friend's or relatives but none in foster care		1M	1L	2
-Any in foster care	1L 1M			2
• Still Active Cases				
-All in home	11L 1M		1L	13
-Any at friend's or relatives but none in foster care		1M		1
-Any in foster care		1M	1M	2
Total	29	3	5	37

b. Child Placement Rates: Children in Placement for any Time while Receiving Intensive Services

Final Case Status	# Placed/Total: Total	Lincoln	McCook
Still Active	6/34	2/20	4/14
Closed			
Goals Met	1/19	1/15	0/4
Goals Not Met	10/22	7/15	3/7
Total	17/75	10/50	7/25

Note: In Table 10a, "L" signifies a Lincoln family; "M", a McCook family.

Table 11

Placement Prevention Rates among Families and Children Receiving Intensive Services

a. Families Served by Last Known Placement Status

	All Children in Home	Any Child Out of Home	Placement Prevention Rate
• All Cases			
Goal			
-Prevention	27	2	93% (27/29)
-Reunification	3	5	38% (3/8)
Total	30	7	81% (30/37)
• Closed Cases			
Goal			
-Prevention	15	2	88% (15/17)
-Reunification	2	2	50% (2/4)
Total	17	4	81% (17/21)

b. Children Served, by Last Known Placement Status

	Placement Prevention Rate		
	Total	Lincoln	McCook
All targeted children	79%(75)	82%(50)	72%(25)
Targeted children in closed cases	76%(41)	77%(30)	73%(11)

rates; but this does not obviate the fact that the data we combined from both sites are not strictly comparable.

We examine two kinds of case closing rates: the percentage that occurred because case goals were met and the percentage closed (or transferred) without goals having been met. The proportion of all accepted cases with a given characteristic that comprise the first kind of closing percentage may be interpreted as the project's "success" rate in treating that type of case. Conversely, the proportion of the given group of cases accounted for by the second kind of closing percentage may be seen, if not as a "failure" rate, then at least as a negative indicator of effectiveness with that kind of case. Of course, matters are not really so simplistic since an out-of-home placement, for example, sometimes becomes imperative to protect a child's well-being, despite the fact that the family's original case goal was the prevention of just such a placement. In other words, the case might end up being closed with a child in substitute care; but the "failure" to maintain the integrity of the family is nevertheless a "plus" for the child.

In Table 12, the two closing rates are depicted for various case and family classifications. Whether or not a family previously received any social services does not seem to have markedly affected the project's own success with it. (See Table 12a.) However, the project does seem to have done less well with families that had a prior child placement or health and mental health involvement. For these three groups, more cases were closed unsatisfactorily than satisfactorily. For example, 25 percent of the 16 cases accepted in which children had previously been in substitute care were closed because goals had been achieved, compared to 38 percent that were closed without goals having been met. (The remaining 37 percent, not shown in the table, were still active at the conclusion of data collection.)

Further highlighting the difficulty of resolving problems in families which have previously had children in placement is the finding that the project was least successful with families with only one such prior placement (Table 12b). Eighty percent of the cases with just one prior placement were eventually closed, but overwhelmingly because goals could not be met. Fewer cases with multiple prior placements were closed (54%), but those that were are divided evenly between successful and unsuccessful terminations. The numbers are small; but we might hypothesize that this finding could be related to an established pattern of child separation followed by reunification that already characterizes the families with multiple prior placements, making it somewhat easier either

Table 12

Case Closing Rates for Different Categories of Families Receiving Intensive Services

	% of Cases Closed, Goals Met	% of Cases Closed, Goals Not Met	(n)
a. Services Ever Previously Received by Family			
None	31	19	(16)
Foster care, residential treatment, adoption	25	38	(16)
Child protective services	31	19	(14)
Family services	22	22	(9)
Mental health, therapy	18	27	(11)
Hospital, public health	20	30	(10)
b. # Incidents of Child Separation Prior to Referral			
0	47	0	(15)
1	20	60	(10)
2+	27	27	(11)
c. Family Type			
Intact, or paramours	38	10	(21)
Single-parent	25	44	(16)
d. Family Size			
2-3	38	15	(13)
4	50	17	(12)
5+	0	42	(12)
e. # Children in Family			
1	33	22	(9)
2	47	18	(17)
3+	0	46	(11)
f. Children's Residence at Referral			
All at home	47	17	(23)
Any in foster care or any at relative's or friend's	8	38	(13)
g. Annual Family Income			
Up to $4,999	40	30	(10)
$5,000 or more	30	22	(27)

Table 12 (cont.)

	% of Cases Closed, Goals Met	% of Cases Closed, Goals Not Met	(n)
h. Family's Income Sources			
Welfare, food stamps, Medicaid	30	26	(23)
Employment	40	20	(15)
i. Mother's Education			
Less than high school graduate	22	45	(11)
High school graduate or more	39	13	(23)

to accomplish another reunification or to prevent further placement under the project's aegis.

Looking at children's residence at the time their family's case was accepted for intensive services (Table 12f), we see two things: Proportionately more of the cases that started out with all children at home were closed; and many more were closed successfully (47%). In fact, the proportion of these cases that were closed satisfactorily was six times greater than the proportion of the cases with any children initially living outside the home (47% vs. 8%).

Project families headed by both a man and woman, whether married or not, exhibited a slightly higher successful closing rate than single-parent families and a much lower unsuccessful closing rate (10% vs. 44%, respectively). (See Table 12c.) We found no successful case closings among the largest project families (Tables 12d and e), and much higher unsuccessful closing rates (42 to 46%). Family income level did not seem to affect case closing rates much (Table 12g), although families with income from employment seemed more likely to have been closed and had their case goals met than not met (Table 12h). The mother's educational level, however, was an apparently important determinant of treatment success. (See Table 12i.) Families with less educated mothers evinced a greater unsatisfactory case closing rate (45% vs. 13%), and families with better educated mothers were almost twice as likely to have had their case goals met (39% vs. 22%).

Looking at family problem levels rather than their characteristics, we find substantial differences in case closing rates. (See Table 13.) Utilizing each of the composite problem scores previously constructed, we divided project families into two groups: those with a less severe problem and those with a more severe problem. Then, we calculated the successful and unsuccessful closing rate for the two groups. This procedure was followed for both initial and final family problem levels, and the dividing line each time was the median composite score (shown in Tables 6 and 9).

Of the 19 families accepted for intensive services with less severe social problems, 37 percent were closed with goals achieved and 21 percent were also closed without meeting case goals. These proportions were not markedly different for the 18 families accepted with more severe social problems, some 56 percent of which had their cases closed, half because goals were met. (See Table 13a.) Although the severity of a family's social problems at acceptance did not have much of an influence on its chances of being closed successfully by the project, the severity of its social problems later

Table 13

Case Closing Rates for Different Problem Areas of Families Receiving Intensive Services

• Initial Problem Severity	% of Cases Closed, Goals Met	% of Cases Closed, Goals Not Met	Cases (n)
a. Social			
Less severe	37	21	(19)
More severe	28	28	(18)
b. Parental			
Less severe	42	21	(19)
More severe	22	28	(18)
c. Child(ren)			
Less severe	35	25	(20)
More severe	29	24	(17)
d. Family Functioning			
Less severe	45	10	(20)
More severe	18	41	(17)
• Final Problem Severity			
e. Social			
Less Severe	45	20	(20)
More severe	18	29	(17)
f. Parental			
Less severe	58	16	(19)
More severe	6	33	(18)
g. Child(ren)			
Less severe	43	19	(21)
More severe	19	31	(16)
h. Family Functioning			
Less severe	52	14	(21)
More severe	6	38	(16)

on did matter. If a family's social problems, as last known, were not so severe, it was 2.5 times more likely to have been closed with its case goals achieved as was a family subject to greater stress in this area (45% vs. 18% respectively). (See Table 13e.)

Children's problems at the time of referral reveal little if any impact on eventual closing rates, but their final level of severity does appear to have some bearing on whether or not case goals were met. (See Tables 13c and g.) The severity of parental problems at acceptance for service correlated with the likelihood that goals would be met, but the severity as last known had even more to do with case outcomes (Tables 13b and f). Three-fourths of the cases with less severe parental problems evident after they received intensive services were eventually closed; and among those that were closed, almost four times as many had a successful as an unsuccessful outcome. Conversely, less than two-fifths of the cases with more severe parental problems persisting after service receipt were eventually closed; and almost all those closed exited without case goals having been achieved.

Family dysfunction was perhaps the best overall predictor of treatment outcome. (See Tables 13d and h.) Those with initially less severe interpersonal dysfunction were 2.5 times more likely to have case goals met and one-fourth as likely to be closed without goals having been met. Those with less severe dysfunction, later on, were over eight times more likely than their more severely dysfunctional counterparts to achieve a satisfactory outcome (52% vs. 6%, respectively).

Follow-up Results

ISU staff managed to contact family heads from 11 closed cases, generally around three months after they had exited from the project. As part of this process, the worker filled out a follow-up interview form.

According to these interviews, only one of the 11 families had had a child placed in substitute care since case closing; and this family had exited the project without its case goals being met. Six of the 11 families indicated that they were currently receiving services from a public or private agency; and two of the five that had been closed without their case goals being met said they were not currently receiving any social services. Only two families expressed a desire to receive further intensive services; both had had unsatisfactory case outcomes previously. And, the caseworkers

recommended ongoing CPS assistance for one of them, as well as for another family that had not indicated a wish to receive more services.

When asked how much they felt that their family had been helped by the ISU, five said "very much," and three, "somewhat." The two who felt that the ISU had made no difference and the one who felt that the unit had actually made things worse had all had their cases closed without goals being met.

Finally, for each primary problem which the ISU had attempted to treat, the client was asked if it was now resolved completely or partially, if there had been no change, or if it was now worse. The distribution of client responses, for the 54 primary problems addressed, was:

Primary problems are now...	Total Problems	In Closed Cases with Goals Met	In Closed Cases with Goals not Met
-resolved completely	41%	56%	18%
-resolved partially	41	38	45
-no different	12	6	18
-worse	7	0	18
	101%	100%	99%
	(54)	(32)	(22)

Over all, according to family members themselves, only a fifth (19%) of the primary problems treated by the ISU had not been resolved at least partially; and, even in those cases that had exited the project unsuccessfully, almost two-thirds of the primary problems were reported as improved to some degree. The problems that were reported as having become worse appeared in all categories except the parental area: two were in the social area; one in childhood; and one in family functioning. On the other hand, half of the partially or completely resolved problems were parental in nature; and the rest were evenly divided among the other areas.

3. Conclusions

This evaluation of Nebraska's Intensive Services Project, although based on data covering a limited number of cases accepted during the first ten months of operation, has generated a substantial enough body of information to permit some conclusions to be drawn. These conclusions are presented below, first in relation to the four goals originally set out to be achieved by the Lincoln intensive services unit (ISU) and, then, in relation to the overall effectiveness of the project.

Lincoln's ISU

The ISU was to serve 35 to 40 high-risk families during the first 12 months. For all intents and purposes, the ISU met this goal, having accepted 34 families for intensive services by March 1, 1984. It should be remembered that the ISU was not fully staffed up until mid-March 1983 and that some of the cases originally referred to, and accepted by, the unit were not the type it was intended to serve, resulting in a lower than expected case closing rate during project start-up. Thus, the 34 families served would seem to represent the desired level of operation that the unit was to achieve.

Moreover, notwithstanding the early concern expressed by Child Protective Services supervisors that the ISU might not be accepting enough high-risk cases, the families served by the unit do appear to meet this criterion. Half had been referred by the police, doctors or hospitals; and half had experienced at least one child separation incident prior to referral to the unit. In fact, the ISU accepted four families which were to be reunited with children who had just been placed outside the home. Most of the families served were in poverty, dependent on welfare, food stamps and Medicaid; and two-thirds were headed by a single parent or by a parent living with a paramour. At acceptance, half had moderate to severe problems in parental behavior; and three-fourths had moderate to severe problems in interpersonal relations and family functioning.

The ISU was to prevent out-of-home placement in 75 percent of these families. The ISU more than achieved this goal. Only two of the cases served by the ISU were closed with children in placement; another case had a child placed sometime after it was unsuccessfully closed; and a fourth case was still active at the end

of the year with a child in placement who had not yet been returned to the home by the ISU. Thus, in only four of the first 28 cases accepted by the unit, a child placement had not been averted; so, conversely, a placement had been prevented in 24 of the 28 families, or 86 percent.

The ISU was to meet case goals and close 60 percent of the cases within six months of receiving the family referral. This goal was not achieved. The ISU closed only 10 of the first 28 cases it accepted, or 36 percent, because their case goals had been met. Even if we correct for the potential distortion caused by the truncation of data collection in February 1984, 43 percent of the cases, in all, were successfully closed by the ISU. And, some of this latter group had been active for well over six months; their average case duration was 179 days, or a half-year.

The ISU's apparent inability to achieve more frequent short-term gains can be attributed, in part, to the handful of time-consuming, chronic multi-problem families it initially accepted for service. However, some of the responsibility must be borne by ISU staff themselves, who may simply have held onto some cases beyond the point of "diminishing returns." Some evidence for this assessment is to be found in the fact that many of the unit's cases had experienced a significant diminution in the level of problems confronting them, yet they still remained active after a number of months of intensive services.

The ISU was to be cost-effective by preventing 25 children from being placed in long term substitute care. The ISU achieved this goal. Eleven children, in all, were ever in placement after their family was accepted for service by the unit: five at the time of acceptance; one for a short time while receiving intensive services; four when their family's case was unsuccessfully closed; and one after case closing. Of these 11, only six apparently had entered into what could turn out to be a long-term placement; the rest were all returned to the home. Thus, to the best of our knowledge, six of the 50 children targeted for service by ISU staff were possibly in long-term care; so, conversely, 44 children -- or almost double the prescribed gc l of 25 -- had been prevented from being placed in long-term substitute care.

Project Summary

Valid estimates of effectiveness for preventive services projects are hard to come by since success is typically measured by the absence of an occurrence. After all, who is to say, with any

degree of certainty, that something would have definitely taken place under other circumstances, i.e., were it not for the intervention that is now being assessed? This is especially true in evaluating the prevention of out-of-home child placement which the literature shows to be a difficult and complex event to predict, even by experienced social workers in frequent contact with high-risk families. Some evidence for this assertion is to be found in the preceding pages where we saw that, among the families which exited from the ISU without their goals having been achieved, only one of the nine at-risk children still living in the home ended up being placed subsequently. Are we to conclude that the unsuccessful case closing somehow prevented the other eight children from being separated from their families; or perhaps, that these eight were not facing such a high risk as had been perceived originally?

Our reading of these data takes a somewhat different tack. The evidence is fairly clear that the intensive services provided families generally resulted in a reduction of their problems and a lowering of dysfunction, even among those with cases that were not closed satisfactorily. ISU staff judged that overall family problem levels typically dropped by half to two-thirds, with time; and this assessment was confirmed by family heads themselves who, during a follow-up interview three months after project exit, indicated that four-fifths of their primary problems still remained at least partially resolved. Even families with unsuccessfully closed cases reported that two-thirds of their main problems had been abated to some degree. So, the lack of widespread child separation after an unsuccessful case closing is perhaps not so much a puzzle or contradiction to be explained away as it is substantiation of our main conclusion: The Intensive Services Project was effective in resolving many families' problems to the point where they could now function at a level that no longer seemed to indicate that an out-of-home child placement was imminent.

Having said this, one further point needs to be made. For all the good it has evidently accomplished, the project's rather different levels of performance in Lincoln and McCook reinforces an old lesson: A potentially effective service delivery model cannot be plopped down anywhere, without adequate preparation, staffing or support, and be expected to produce positive results.

Over all, the Intensive Services Project would seem to represent an effective vehicle for pre-placement prevention and family reunification -- although the latter, to a lesser degree -- and it should be continued and strengthened.

APPENDIX

Data Collection Instruments

NATIONAL RESOURCE CENTER ON FAMILY BASED SERVICES

N118 Oakdale Hall
The University of Iowa
Iowa City, IA 52242

Instructions for Completing Baseline, Monthly, and Outcome Data Forms

Please read carefully before completing any of the forms.

BASELINE DATA FORM

GENERAL INSTRUCTIONS: This form should be completed within the first week and a half of contact with the client family. Leave no items blank on the form--write n/a if not applicable. If more space is needed to complete any section, attach a sheet of paper and add the information using the same format for that section.

At top of form, enter family case name and case number assigned by agency.
Enter family service unit worker's name.
Date of intake: enter date of client's intake interview.
Address and phone: enter client family's address and home phone number. If none, write "none."
Previous worker/family contact: check yes or no (has the worker been involved with this family before?)

I. HOUSEHOLD MEMBERS

Enter names of all individuals living in client family's home, as well as immediate family members who may be temporarily living elsewhere. Client #1 should be a PARENT. For the rest of the form, client number refers to the line number of each household member in this section.

Complete all columns in this section, referring to the codes below. Leave no space blank.

Name: enter full name of each household member.
Sex: use SEX CODE below.
Ed. status: use EDUCATIONAL STATUS CODE below.
Marital status: use MARITAL STATUS CODE below.
Race: use RACE CODE below.
DOB: enter date of birth in numbers.
Relation to client #1: use RELATIONSHIP CODE below--indicate each individual's relationship to the first client listed (remember, this should be a parent).
Will receive services: will each individual listed be receiving services from the project? Use WILL RECEIVE SERVICES CODE below.
At-Risk for Substitute Placement: Use AT RISK FOR SUBSTITUTE PLACEMENT code below.
Current residence (if not at home): use RESIDENCE CODE below. If not applicable, write n/a.

For all lines not used, draw a line through them. (If a family has 8 members, draw a line through lines 9 through 12.)

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II. FAMILY INCOME refers to combined income of all household members. Check correct category.

III. INCOME/RESOURCES: check all categories that apply, and add any additional ones in "other."

IV. EMPLOYMENT INFORMATION

For each household member employed, enter the client number, name and address of place of employment, phone number where that person may be contacted during the work day, and the employment code number (use EMPLOYMENT CODE at right). For family members who are unemployed but seeking work, enter client number and code number 02.

V. EDUCATIONAL INFORMATION

For each household member enrolled in school or who should by law be enrolled in school, enter the client number, name and address of school (city is enough for address), a contact person at the school (such as teacher, counselor, or if none, write "none"), and the code number from the EDUCATIONAL CODE at right.

VI. SOURCE OF REFERRAL TO AGENCY: check applicable entry. If "other," please specify.

VII. Check either yes or no in response to the question.

VIII. FAMILY'S PREVIOUS SERVICE HISTORY

For each type of service that a family member or members have received, indicate the service provider (using the SERVICES CODE at right), the month and year the service began and ended, and the number of the client or clients who received the service (again, use client numbers from Section I). If the same type of service was provided by two or more different agencies, list each on a separate line. Record as complete a history as possible. If there are services which a family has received but which are not included in the code, add them to the code list. If more space is required, attach a separate sheet of paper.

IX. CHILD PLACEMENT HISTORY

If any children in this household have ever been placed outside of the home, or if the parent(s) have children not living with them who had been placed outside of the home, complete this section. If there is no child placement history, write n/a.

Record each placement of each child on a separate line. Enter the client number of the child, the dates placement began and ended. The columns entitled "where placed," "reason for placement," and "resolution" should be completed using the appropriate codes at right. If there are any responses for which a code number does not exist, please add them to the codes.

X. ASSESSMENT OF FAMILY FUNCTIONING

First part: For each item listed, check the column of the category on the right that best describes the family at this time. Give a response to every item. There are columns for "unknown" and "not a problem." "Unknown" means that at this point in time you are not able to assess a particular item. "Not a problem" means that you are able to assess the family's situation regarding the item and have determined that it is not a problem.

If there are other areas which have not been covered, write them in under "other" and check the appropriate category.

Second part: Indicate the extent to which you agree or disagree with each statement regarding the family by circling the correct response (strongly agree, agree, no opinion, disagree, or strongly disagree). Do not leave any unanswered--if you have no opinion, circle "no."

XI. SERVICE PLAN

In the lines marked A, B, C, D, and E, write in what you have determined to be the family's primary problems. Be specific. Under "Services to be provided" for each family problem, indicate the services or strategies you might use to work on the problem with the family. Realize that this is an initial assessment and that the services might change over time. Such changes will be documented on the monthly data form; don't go back and change the baseline data form.

XII. Write the name of the person who completed this form, and enter the date on which the form was completed.

MONTHLY DATA FORM

This is nearly identical to the BASELINE DATA FORM, with the exception that several sections have been omitted. Complete this form every month that the family is in service. The first MONTHLY DATA FORM should be completed one month from the date the BASELINE DATA FORM was completed.

For sections I, II, IV and V, record only information that has changed from the BASELINE DATA FORM or the most recent MONTHLY DATA FORM. Do not repeat information previously entered, only that which has changed. This will save you a lot of time in completing the forms.

III. INCOME/RESOURCES: Check all applicable categories on every MONTHLY DATA FORM. (We will know if the family has gone off food stamps, for instance, if the category "food stamps" was checked one month and not the next.)

VI. If a child or children have been placed since involvement in the project, enter the information, using the PLACEMENT CODES at right.

VII. ASSESSMENT OF FAMILY FUNCTIONING

Fill this out completely, as you did in the BASELINE DATA FORM. In the first part, check the column of the category that best describes the family at this point in time. In the second part, circle the column that describes the extent to which you agree or disagree with each statement at this point in time.

VIII. SERVICE PLAN

Complete this section, writing in Primary Problems as specifically as possible, and services that are being provided to address each problem.

IX. Write the name of the person who completed this form, and enter the date on which the form was completed.

OUTCOME DATA FORM

This should be completed when the family's services with the project have terminated. Complete this form within one week of termination.

As with the MONTHLY DATA FORM, this is nearly identical to the BASELINE DATA FORM.

For sections I, II, IV and V record only information that has changed since the last MONTHLY DATA FORM.

III. INCOME/RESOURCES: check all applicable categories.

VI. CHILD PLACEMENT: if a child or children have been placed since the last MONTHLY DATA FORM, enter the information using the PLACEMENT CODES at right.

VII. ASSESSMENT OF FAMILY FUNCTIONING

Fill this out completely, as you have done every month, assessing the family on each item at this point in time (termination of services).

VIII. CASE DISPOSITION

Indicate whether this case is being closed by the agency or transferred to another unit in the agency by checking the appropriate blank. If the case is being terminated, check the reason for termination and write in the reason. If the case is being transferred, write in the name of the unit and what you believe the new worker will be doing with the family.

IX. Write in the name of the worker completing the form and the date the form was completed.

BASELINE DATA FORM

FAMILY SERVICES UNIT

Family Case Name: _____ Family Case Number: _____
Address: _____ Date of Intake: _____
_____ Worker: _____
_____ Phone: _____ Previous worker/family contact? __Yes __No

I. HOUSEHOLD MEMBERS

Client #	Name	Sex	Ed. Status	Marital Status	Race	Date of Birth	Relation to Client #1	Will Receive Services	At Risk for Substitute Placement	Current Residence (if not home)
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

CODES

SEX CODE
1=female
2=male

RACE CODE
1=Caucasian
2=Black
3=Hispanic
4=Amer.Ind.
5=Asian
6=Unknown
7=Other

EDUCATIONAL STATUS
1=attending school
If not in school, highest level completed:
2=less than 8th gr.
3=junior high
4=high school
5=vocational
6=junior college
7=college
8=grad/professional

MARITAL STATUS
1=single
2=married
3=divorced
4=separated
5=widowed
6=living together
7=spouse temporarily absent
8=spouse permanently absent

RELATIONSHIP
1=legal spouse
2=natural child
3=adopted child
4=foster child
5=parent
6=stepchild
7=sibling
8=friend
9=other: _____

AT RISK FOR SUBSTITUTE PLACEMENT
1=no risk
2=slight risk
3=moderate risk
4=high risk

WILL RECEIVE SERVICES
1=yes
2=no

RESIDENCE
1=live w/parent(s)
2=live w/relative(s)
3=live w/non-relat.
4=adoptive home
5 residential facility
6=independent living
7=runaway
8=Dept. of Corrections
9=other: _____

II. FAMILY INCOME: __0-5,000 __5-10,000 __10-20,000 __20-30,000 __over 30,000 __unknown

III. INCOME/RESOURCES (check if applicable): __employment __ADC __food stamps __Medicaid __general assistance __Social Security __unemployment compensation __disability __SSI __pension __child support/alimony __other (specify):_____

IV. EMPLOYMENT INFORMATION:

Cl.#	Name and Address of Employer	Phone	Empl. Code

EMPLOYMENT CODE

01=unknown
02=unemployed
03=unskilled labor
04=skilled labor
05=agriculture
06=clerical
07=sales
08=military
09=business/prof.
10=technical/craft
11=homemaker

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V. EDUCATIONAL INFORMATION

Cl.#	Name and Address of School	Contact (Teacher)	Ed. Code

EDUCATIONAL CODE	
01=preschool	06=vocational
02=k-3rd	07=jr. college
03=4th-7th	08=college
04=jr. high	09=grad/prof.
05=high school	10=dropped out

VI. SOURCE OF REFERRAL TO AGENCY

__ police
__ doctor or hospital
__ 3rd party individual
__ self
__ other (specify): _____

VII. AT TIME OF REFERRAL, WAS/WERE PARENT(S) REQUESTING PLACEMENT OF THE CHILD(REN)?

__ Yes __ No

VIII. FAMILY'S PREVIOUS SERVICE HISTORY

Service #	From (mo/yr)	To	Target Client #

Service #	From (mo/yr)	To	Target Client #

SERVICES CODE			
01=foster care	06=MR/DD agency	11=substance abuse	16=public health
02=adoption	07=private family serv.	12=vocational rehab.	17=outpatient psych.
03=homemaker	08=DSS adult services	13=child guidance	18=pastoral counseling
04=day care	09=DSS child protective	14=individual therapy	19=family-based service
05=mental health agency	10=residential treatment	15=inpatient hospital	20= _____

IX. CHILD PLACEMENT HISTORY: If not applicable, go to item X. List each placement on a separate line, using Placement Codes below.

Client #	Placement Dates (from)	(to)	Where Placed	Reason for Placement	Resolution

PLACEMENT CODES				
	REASON FOR PLACEMENT		WHERE PLACED	RESOLUTION
	01=victim of abuse	07=antisocial behavior of child	01=foster home	01=child returned to family
	02=victim of neglect	08=mental retardation	02=group home	02=presently in placement
	03=substance abuse by parent	09=mental illness	03=relatives (nonpaid)	03=parental rights terminated
	04=parental abandonment	10=victim of sexual abuse	04=residential treatment facility	04= _____
	05=parent hospitalized	11=substance abuse by child	05=detention facility	
	06=antisocial behavior of parent	12=short-term respite		
		13= _____		

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X. ASSESSMENT OF FAMILY FUNCTIONING

For each item below, check the category on the right that best describes the family:

	Unknown	Not a Problem	Slight Problem	Moderate Problem	Serious Problem
INCOME					
CLOTHING					
HOUSING					
MEDICAL CARE/DENTAL CARE					
NUTRITION					
TRANSPORTATION					
OTHER:					
PARENTS:					
Job Training/Employment					
Mental Health					
Abuse of Child(ren)					
Neglect of Child(ren)					
Substance Abuse					
Social Isolation					
Law Violations					
Other:					
CHILDREN:					
School Attendance					
School Performance					
Job Training/Employment					
Mental Health					
Behavior (acting out, running away)					
Substance Abuse					
Mental Retardation/ Developmental Disability					
Other:					

Indicate the degree to which you agree or disagree with the following statements regarding this family:

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
Parents practice adequate income management skills.	sa	a	no	d	sd
Parents practice adequate home management skills.	sa	a	no	d	sd
Parents provide appropriate supervision of children.	sa	a	no	d	sd
Parents practice appropriate disciplinary techniques.	sa	a	no	d	sd
Parents provide nurturance to children.	sa	a	no	d	sd
Satisfactory marital relationship exists.	sa	a	no	d	sd
Satisfactory sibling relationships exist.	sa	a	no	d	sd
Family members communicate satisfactorily.	sa	a	no	d	sd
Family has support systems in the community.	sa	a	no	d	sd
Parents have realistic expectations of children.	sa	a	no	d	sd
Parents respect children's need for independence.	sa	a	no	d	sd

XI. SERVICE PLAN

Indicate Primary Problems and possible services to be provided (in-home, purchased, referrals, etc.)

PRIMARY PROBLEMS

A: _____

Services to be provided: _____

_____

B: _____

Services: _____

_____

C: _____

Services: _____

_____

D: _____

Services: _____

_____

E: _____

Services: _____

_____

XII. FORM COMPLETED BY: _____ DATE: _____

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MONTHLY DATA FORM

FAMILY SERVICES UNIT

Family Case Name: _____ Family Case Number: _____
Address: _____ Date of Intake: _____
_____ Worker: _____
_____ Phone: _____ Previous worker/family contact? __Yes __No

I. HOUSEHOLD MEMBERS

Client #	Name	Sex	Ed. Status	Marital Status	Race	Date of Birth	Relation to Client #1	Will Receive Services	At Risk for Substitute Placement	Current Residence (if not home)
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

CODES

SEX CODE
1=female
2=male

RACE CODE
1=Caucasian
2=Black
3=Hispanic
4=Amer.Ind.
5=Asian
6=Unknown
7=Other

EDUCATIONAL STATUS
1=attending school
If not in school, highest level completed:
2=less than 8th gr.
3=junior high
4=high school
5=vocational
6=junior college
7=college
8=grad/professional

MARITAL STATUS
1=single
2=married
3=divorced
4=separated
5=widowed
6=living together
7=spouse temporarily absent
8=spouse permanently absent

RELATIONSHIP
1=legal spouse
2=natural child
3=adopted child
4=foster child
5=parent
6=stepchild
7=sibling
8=friend
9=other: _____

AT RISK FOR SUBSTITUTE PLACEMENT
1=no risk
2=slight risk
3=moderate risk
4=high risk

WILL RECEIVE SERVICES
1=yes
2=no

RESIDENCE
1=live w/parent(s)
2=live w/relative(s)
3=live w/non-relat.
4=adoptive home
5=residential facili
6=independent livin
7=runaway
8=Dept. of Correcti
9=other: _____

II. FAMILY INCOME: __0-5,000 __5-10,000 __10-20,000 __20-30,000 __over 30,000 __unknown

III. INCOME/RESOURCES (check if applicable): __employment __ADC __food stamps __Medicaid __general assistance __Social Security __unemployment compensation __disability __SSI __pension __child support/alimony __other (specify): _____

IV. EMPLOYMENT INFORMATION

Cl.#	Name and Address of Employer	Phone	Empl. Code

EMPLOYMENT CODE

01=unknown
02=unemployed
03=unskilled labor
04=skilled labor
05=agriculture
06=clerical
07=sales
08=military
09=business/prof.
10=technical/craft
11=homemaker

VI. IF CHILDREN HAVE BEEN PLACED DURING SERVICE, list each placement on a separate line, using placement codes below.

Client #	Placement Dates (from)	(to)	Where Placed	Reason for Placement	Resolution

PLACEMENT CODES

REASON FOR PLACEMENT		WHERE PLACED	RESOLUTION
01=victim of abuse	07=antisocial behavior of child	01=foster home	01=child returned to family
02=victim of neglect	08=mental retardation	02=group home	02=currently in placement
03=substance abuse by parent	09=mental illness	03=relatives (nonpaid)	03=parental rights terminated
04=parental abandonment	10=victim of sexual abuse	04=residential treatment facility	04=_____
05=parent hospitalized	11=substance abuse by child	05=detention facility	
06=antisocial behavior of parent	12=short-term respite		
	13=_____		

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VII. ASSESSMENT OF FAMILY FUNCTIONING

For each item below, check the category on the right that best describes the family:

	Unknown	Not a Problem	Slight Problem	Moderate Problem	Serious Problem
INCOME					
CLOTHING					
HOUSING					
MEDICAL CARE/DENTAL CARE					
NUTRITION					
TRANSPORTATION					
OTHER:					
PARENTS:					
Job Training/Employment					
Mental Health					
Abuse of Child(ren)					
Neglect of Child(ren)					
Substance Abuse					
Social Isolation					
Law Violations					
Other:					
CHILDREN:					
School Attendance					
School Performance					
Job Training/Employment					
Mental Health					
Behavior (acting out, running away)					
Substance Abuse					
Mental Retardation/ Developmental Disability					
Other:					

Indicate the degree to which you agree or disagree with the following statements regarding this family:

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
Parents practice adequate income management skills.	sa	a	no	d	sd
Parents practice adequate home management skills.	sa	a	no	d	sd
Parents provide appropriate supervision of children.	sa	a	no	d	sd
Parents practice appropriate disciplinary techniques.	sa	a	no	d	sd
Parents provide nurturance to children.	sa	a	no	d	sd
Satisfactory marital relationship exists.	sa	a	no	d	sd
Satisfactory sibling relationships exist.	sa	a	no	d	sd
Family members communicate satisfactorily.	sa	a	no	d	sd
Family has support systems in the community.	sa	a	no	d	sd
Parents have realistic expectations of children.	sa	a	no	d	sd
Parents respect children's need for independence.	sa	a	no	d	sd

VIII. SERVICE PLAN - Indicate Primary Problems and Services Provided (In-Home, Purchased, Referrals, etc.)

PRIMARY PROBLEMS

A: _____

Services to be provided: _____

_____

B: _____

Services: _____

_____

C: _____

Services: _____

_____

D: _____

Services: _____

_____

E: _____

Services: _____

_____

IX. FORM COMPLETED BY: _____ DATE: _____

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OUTCOME DATA FORM

FAMILY SERVICES UNIT

Family Case Name: _____ Family Case Number: _____
Address: _____ Date of Intake: _____
_____ Worker: _____
_____ Phone: _____ Previous worker/family contact? __Yes __No

I. HOUSEHOLD MEMBERS

Client #	Name	Sex	Ed. Status	Marital Status	Race	Date of Birth	Relation to Client #1	Will Receive Services	At Risk for Substitute Placement	Current Residence (if not home)
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

CODES

SEX CODE
1=female
2=male

RACE CODE
1=Caucasian
2=Black
3=Hispanic
4=Amer.Ind.
5=Asian
6=Unknown
7=Other

EDUCATIONAL STATUS
1=attending school
If not in school, highest level completed:
2=less than 8th gr.
3=junior high
4=high school
5=vocational
6=junior college
7=college
8=grad/professional

MARITAL STATUS
1=single
2=married
3=divorced
4=separated
5=widowed
6=living together
7=spouse temporarily absent
8=spouse permanently absent

RELATIONSHIP
1=legal spouse
2=natural child
3=adopted child
4=foster child
5=parent
6=stepchild
7=sibling
8=friend
9=other: _____

AT RISK FOR SUBSTITUTE PLACEMENT
1=no risk
2=slight risk
3=moderate risk
4=high risk

WILL RECEIVE SERVICES
1=yes
2=no

RESIDENCE
1=live w/parent(s)
2=live w/relative(s)
3=live w/non-relat.
4=adoptive home
5=residential facil
6=independent livin
7=runaway
8=Dept. of Correctio
9=other: _____

II. FAMILY INCOME: __0-5,000 __5-10,000 __10-20,000 __20-30,000 __over 30,000 __unknown

III. INCOME/RESOURCES (check if applicable): __employment __ADC __food stamps __Medicaid __general assistance __Social Security __unemployment compensation __disability __SSI __pension __child support/alimony __other (specify): _____

IV. EMPLOYMENT INFORMATION

Cl.#	Name and Address of Employer	Phone	Empl. Code

EMPLOYMENT CODE

01=unknown
02=unemployed
03=unskilled labor
04=skilled labor
05=agriculture
06=clerical
07=sales
08=military
09=business/prof.
10=technical/craft
11=homemaker

VI. IF CHILDREN HAVE BEEN PLACED DURING SERVICE, list each placement on a separate line, using placement codes below.

Client #	Placement Dates (from) (to)	Where Placed	Reason for Placement	Resolution

PLACEMENT CODES

REASON FOR PLACEMENT		WHERE PLACED	RESOLUTION
01=victim of abuse	07=antisocial behavior of child	01=foster home	01=child returned to family
02=victim of neglect	08=mental retardation	02=group home	02=presently in placement
03=substance abuse by parent	09=mental illness	03=relatives (nonpaid)	03=parental rights terminated
04=parental abandonment	10=victim of sexual abuse	04=residential treatment facility	04=
05=parent hospitalized	11=substance abuse by child	05=detention facility	
06=antisocial behavior of parent	12=short-term respite		
	13=		

VII. ASSESSMENT OF FAMILY FUNCTIONING

For each item below, check the category on the right that best describes the family:

	Unknown	Not a Problem	Slight Problem	Moderate Problem	Serious Problem
INCOME					
CLOTHING					
HOUSING					
MEDICAL CARE/DENTAL CARE					
NUTRITION					
TRANSPORTATION					
OTHER:					
PARENTS:					
Job Training/Employment					
Mental Health					
Abuse of Child(ren)					
Neglect of Child(ren)					
Substance Abuse					
Social Isolation					
Law Violations					
Other:					
CHILDREN:					
School Attendance					
School Performance					
Job Training/Employment					
Mental Health					
Behavior (acting out, running away)					
Substance Abuse					
Mental Retardation/ Developmental Disability					
Other:					

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Indicate the degree to which you agree or disagree with the following statements regarding this family:

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
Parents practice adequate income management skills.	sa	a	no	d	sd
Parents practice adequate home management skills.	sa	a	no	d	sd
Parents provide appropriate supervision of children.	sa	a	no	d	sd
Parents practice appropriate disciplinary techniques.	sa	a	no	d	sd
Parents provide nurturance to children.	sa	a	no	d	sd
Satisfactory marital relationship exists.	sa	a	no	d	sd
Satisfactory sibling relationships exist.	sa	a	no	d	sd
Family members communicate satisfactorily.	sa	a	no	d	sd
Family has support systems in the community.	sa	a	no	d	sd
Parents have realistic expectations of children.	sa	a	no	d	sd
Parents respect children's need for independence.	sa	a	no	d	sd

VIII. CASE DISPOSITION

___ Case Closed

Date of termination: _____

Reason for termination (check one):

___ Family successfully resolved Primary Problems.

___ Family terminated services.

Reason: _____

___ Agency terminated services to family without resolving Primary Problems.

Reason: _____

___ Case transferred to another unit in agency

Date of transfer: _____

Explanation: _____

IX. FORM COMPLETED BY: _____ DATE: _____

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NATIONAL RESOURCE CENTER
ON FAMILY [illegible]

FOLLOW-UP DATA FORM

3 MONTHS

NOTE: PRIOR TO CONDUCTING THE TELEPHONE OR IN-HOME INTERVIEW, THE WORKER COMPLETING THIS FORM MUST FILL OUT THE BOXED SECTIONS.

Date of follow-up: _____ Family Case Name: _____

Check one: __visit __phone Family Case Number: _____

Date Services Began: _____ Worker: _____

Date Services Terminated: _____ Check if worker is new to family: _____

I. HOUSEHOLD COMPOSITION

List all household members from Baseline, Monthly and Outcome Data Forms

Name:

_____

_____

_____

_____

_____

_____

Address: _____

_____

Residence (if different from above):

_____

_____

_____

_____

_____

_____

_____

II. WERE ANY CHILDREN PLACED OUT OF THE HOME SINCE SERVICES WERE TERMINATED?

___ No

___ Yes If Yes, explain circumstances:

Date of placement: _____ Child placed: _____ Type of Placement: _____

Reason for placement: _____

Service plan: _____

_____

Is there a petition for termination of parental rights? __ Yes __ No

III. IS THE FAMILY CURRENTLY RECEIVING SERVICES FROM THIS OR OTHER SOCIAL SERVICE AGENCIES?

___ No

___ Yes If Yes, describe: _____

_____

_____

IV. PRIMARY PROBLEMS

List Primary Problems from Baseline, Monthly, and Outcome Data Forms	Ask client family representative, Has this problem been resolved? (circle one)
1. _____	completely partially no change worse
2. _____	completely partially no change worse
3. _____	completely partially no change worse
4. _____	completely partially no change worse
5. _____	completely partially no change worse
6. _____	completely partially no change worse
7. _____	completely partially no change worse

V. IF CLIENT'S RESPONSE IS "NO CHANGE" OR "WORSE," EXPLAIN:

Problem 1: _____

2: _____

3: _____

4: _____

5: _____

6: _____

7: _____

VI. ASK CLIENT FAMILY REPRESENTATIVE:

How much do you feel your family was helped by this program? (circle one)

Very Much Somewhat Made No Difference Made Things Worse

If worse, explain: _____

VII. DO YOU WISH FURTHER SERVICE FROM THE AGENCY?

___ No

___ Yes If Yes, describe: _____

VIII. TO THE WORKER: ARE YOU RECOMMENDING FURTHER SERVICES?

___ No

___ Yes If Yes, describe: _____

_____

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NATIONAL RESOURCE CENTER
ON FAMILY BASED SERVICES

MONTHLY WORKER LOG

MONTH _____ YEAR ____

Worker I.D. _____

Number of Cases _____

	Client Related Hours												Non-Client Related Hours					
	Direct Services						Purchased Services											
CASE #	IN-HOME	IN-OFFICE	COLLATERAL	TRANSPORATION	PAPERWORK							TOTAL CLIENT RELATED HOURS	ADMINISTRATIVE	STAFF DEVELOPMENT/ TRAINING	SICK LEAVE	VACATION LEAVE	OTHER	TOTAL NON-CLIENT RELATED HOURS
Totals																		

MONTHLY REVIEW

Family Case Number: _____ Date Completed: _____

Family Service Worker: _____ Beginning: _____ Ending: _____

DIRECT SERVICES	WEEK 1 # hrs							WEEK 2 # hrs							WEEK 3 # hrs							WEEK 4 # hrs							WEEK 5 # hrs							TOTAL # hrs
	M	T	W	R	F	S	S	M	T	W	R	F	S	S	M	T	W	R	F	S	S	M	T	W	R	F	S	S	M	T	W	R	F	S	S	
Client Contact:																																				
In-Home																																				
In-Office																																				
Telephone																																				
Collateral Contact																																				
Case Consultation																																				
Transportation																																				
Paperwork																																				

PURCHASED SERVICES

Specify: